



**Montana Department of Transportation
Administration Division**

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Do Not Write in this Space

Application for Special Aviation Fuel User Permit

Instructions:

Complete this form. **Print** or **type** all information and **attach** extra sheets if necessary.

Application is hereby made for a Special Aviation Fuel User Permit in the state of Montana.

Name of Applicant (print Last, First, Middle)		Telephone Number#	FAX #	Date of Application
Trade Name				
Mailing Address (Street and Number)		City/Town	State/Country	Zip Code
Location Address (Street and Number)		City/Town	State/Country	Zip Code
Federal Employer Identification Number	Date Registered with Montana Secretary of State:		Registered Agent	

If Proprietorship - Provide the Following Information

Date Started	Social Security Number	Full Name	Birthdate	
Home Address (Street and Number)		City/Town	State/Country	Zip Code

If a Partnership - Provide the Following Information

Partner Names	Social Security Number	Home Address	Birthdate	% Owned

If a Corporation - Provide the Following Information

Officer Names	Social Security Number	Title	Birthdate	% Owned

State or Country Where Incorporated	Date Incorporated	Corporation Number
<i>Note: On a separate sheet of paper, list the names of stockholders holding 10% or more of the outstanding shares of stock in the corporation.</i>		

List any Affiliates -- Wholly Owned Subsidiaries -- Parent Company, etc. (Name and Location)

Estimated number of gallons of aviation fuel imported per month:	
Estimated number of gallons of aviation fuel acquired in Montana per month:	
Estimated number of gallons of aviation fuel exported from Montana per month:	

List all your Suppliers of Fuel and their Location

Other Permits/Licenses					
Is your company currently licensed in any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," List state(s) and license number(s).					
State	License Number	State	License Number	State	License Number
What type of carrier do you plan to use to receive or import fuel into Montana? (Check all that apply.)					
<input type="checkbox"/> Pipeline <input type="checkbox"/> Tank Car <input type="checkbox"/> Tank Truck Proprietary Equipment					
<input type="checkbox"/> Tanker <input type="checkbox"/> Tank Truck Common or Contract Carrier					

Address where Records will be Maintained			
Address	City/Town	State/Country	Zip Code

Person Responsible for Filing Required Quarterly Reports		
Name (Last, First, Middle)	Title	Telephone Number ()

** NOTICE **		
A licensed Montana Special Aviation Fuel User is required to keep and maintain, for a period of three years, a complete record of aviation fuel imported, exported or used within Montana. Sec. 15-70-323 MCA		
An applicant may be required to provide additional information, including, but not limited to, copies of federal income tax returns and federal excise tax returns for the past three years for individuals, partnerships, corporations, including the returns of officers and partners. An applicant may be required to provide a current credit report.		
All applications will be processed within ten (10) working days after they are received.		
The undersigned applicant hereby authorizes full disclosure of any and all information which the Montana Department of Transportation may request from agencies in other jurisdictions, agencies of the federal government, foreign countries, petroleum suppliers, lending institutions and other entities with which you transact business, and further agrees to hold harmless these providers of information.		
The undersigned applicant hereby further agrees that the Montana Department of Transportation may share any and all information, obtained in its investigation, contained in this application as well as any information contained in tax reports subsequently filed by the applicant, with agencies in other jurisdictions, agencies of the federal government and foreign countries having regulatory or taxing authority.		
I declare, under penalties of perjury, that this application has been examined by me and to the best of my knowledge and belief is true, correct and complete.		
Name of Applicant (Printed)	Signature of Applicant X	Date Signed
Official Holding Proper Authority (Print Name and Title)		
Signature of Official X	Date Signed	